Mental Health Observation Form

Date**	15 min. Incre	Observer	226220 Date/Time Initialed
6/16/04	8:25	Observer (a)	Comments
eprep-	0,55	Manomos yn	S - Quiet
	,		0- Placed in roll #7
*			on bunk in 5 st re
·		**************************************	strait no Circulati
	1		Minimont metal ?
	<u> </u>		pairement noted, Cover a
			A MA STURKETI
			(A) (1/4/12)
			7- Wiff continue a 15 min
1401011	1025	Pala a Wy	checks, - Allen
, ,	•	The second secon	5-No statement Henome
			0- Inmate accepted fluids.
		i	med toileted et flaced
			back in restraints, cood
			circulation to extremities 100
-		7/1	acute distress
			A-Quiet
1.1.	100	A.A. 201	Q Obs Call Att
4/6/64	1230	tolen fra	JOE LESURIN
			5- No Statement D- Quiet on hed. Restant
			Ves Lieuting
			A-Quiet No distress.
· · · · · · · · · · · · · · · · · · ·		Α	
1604 1	400	Blennuh	1 Cobs. Contrd.
)- No Statement
			o-Screaming into intervals,
			· Waster MAR RECORDE OF G SUNV
			Circulation to extremities.
			Altered meetal Status
6/16/100	1600	010 1	P-Obs. cont. d.
1750	-	St R. Wieiam Rx	Si Tital
			O = Q at
			1 Premery squae pegus
			detected se pouts really
			acceled no irregularities
			Fromtor a figuras time
1/6/04 /	8 00.	H. R. Chelians Dr	# 15 muntes
1			S Bishchoning to writer
,			0 - Sitting lover toiler
			H - alest screaming e
			internals.
		vation Form	P- 8 15 mm analy of

·/í

PRISON
HEALTH
SERVICES
MICOPPOPATED

ADMISSION DATE	EXCENCE	
ORIGINATING FA	ACILITY BOOK	
ALLERGIES ALLERGIES	□ ESCAPEE □	☐ SICK CALL ☐ EMERGENCY
	CONDITION ON ADMISSIO	ON
VITAL SIGNS: TEMP 995 ORAL	GOOD GFAIR C	POOR SHOCK HEMORRHAGE COM
NATURE OF INJURY OR ILLNESS	JU PULSE 6	. 1
C 11 MOORY OR ILLNESS	, orse	B/P 17 68 RECHECK IF SYSTOLIC /100> 50
5-" I'm heaving voices!"	ABRASION /// CONTUSION	VV
In heaving voices!"		# BURN XX FRACTURE Z LACERATION / SUTU
		1 0010
O- Inmate brought from sea De		
1/2 00	X C	
Security Security		()
To wrists verbally resources		Y/
		16 6 5
over body, officer stated "I I	W III.	
	inter y ~	
Some Shampoo, "Inmate concurred that he d		'
The state of the s		}
C. I. I Tradition	tattoo	PROFILE RIGHT OR LEFT
	went tatto	PROFILE RIGHT OR LEFT
boarry injuries noted.		1
PHYSICAL EXAMINATION	1 / 1 / M	APA APA
	11/1) 1/19/~	ALINI HEHA VIV
A- Altered Mental Status	11 11/1	11, KAAA - 1xAA
THEOLY SHOWS	11 1-1-16/17	
n_0)		
Spicil. In Spt Restraints on	1) ()
Swicide Watch	41 1/1/ 1/1	
		RIGHT OR LEFT
State SUNA IVI State		3
w.o. Dr. Saders Phlenhun	ODD	
1 4014(4)	ORDERS / MEDICATIONS / IV FLU	IDS TIME BY
	Thy Godon	20
	epis :	Dup Sol
	Of restrand	Bird Word 1017 1
	(10) R Sanders / 0	t-arling w
	/ /	()
IAGNOSIS		
STRUCTIONS TO PATIENT		
- 5510 TO FAILEN!		I
SCHARGE DATE		
TIME RELEASE TRANSFERDED	TO CLOOC COND	
RSE'S SIGNATURE O	E I COND	PTON ON DISCHARGE ISFACTORY DOOR
DATE PHYSICIAN'S SIGNATURE	FAIF	POOR CRITICAL
	DATE CONSU	ULTATION
MATE NAME (LAST, FIRST, MIDDLE)		
Hamal. D. I AA	DOC#	DOB R/S FAC
myton, Kanda VV	226420 101.	5/12 B/2 2 11 1
MD-70007	1 2 22 2 1 (0)	THE I WIND IK. II L.



ADMISSTION DATE TIME ORIGINATING FACILITY 4 /18- /04 /22 AM SIR DPDL DESCA	APEE SICK CALL EMERGENCY OUTPATIENT
ALLERGIES NEA	CONDITION ON ADMISSION □ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 98° RECTAL RESP. 20	PULSE 78 B/P 130/80 RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS	ARRASION // CONTUSION # RURN XX FRACTURE Z LACERATION /
s-"I pust fell out"	ABRASION /// CONTUSION # BURN XX FRACTURE Z SUTURES PROFILE RIGHT OR LEFT
PHYSICAL EXAMINATION O-BUK Male ambulatory from yard to C/o falling and kitting (A Dide of hood, he Dwelling menent Mo open area to head as face. No Stiffness C/o pain to Phile of head, pupils equal and reacting	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
to light	P- aduit 800 mg pox1
<u> </u>	Dee MD in Am
· · · · · · · · · · · · · · · · · · ·	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT Lee MD in Am	
DISCHARGE DATE TIME RELEASE / TRANSFERRE	D TO DE BOC CONDITION ON DISCHARGE AMBULENCE SATISFACTORY POOR FAIR CRITICAL
NURSE'S SIGNATURE DATE PRSICIAN'S SIGNATURE	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Hompton, Rondale	226420 10-15-83 B/m Bullock



ADMISSTION DATE TIME ORIGINATING FACILITY AM SIR PDL ESCA		☐ SICK CALL ☐ EMERGENCY ☐ OUTPATIENT
ALLERGIES NICA	CONDITION ON ADMISSION VIGOOD □ FAIR □ POOR	□ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 47 GRAD RECTAL RESP. S	PULSE 104	B/P 122, 80 RECHECK IF SYSTOLIC / 100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BU	DN XX EDACTURE Z LACERATION /
S" I'm hat, I'm deligd	ded."	xx FRACTORE ZSUTURES
		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		\leq
		PROFILE RIGHT OR LEFT
	1/	Lappa Afla
PHYSICAL EXAMINATION		1, KAAA
O-BM escortado HCU	- 1- EN X	
Rea rest Hen Stron WHO		DIQUE OR LETT
to touch. Go being hot,	1 96 90	RIGHT OR LEFT
and dehidiated: VS obfame	ORDERS / MEDICATIONS / IV FLUID	DS 7 TIME BY
10/01 mont Ster truspes	D = 0, 7	Coolo 1
good. Capillan reful good.	Seizue no	duction as ordered
	b MO.	
	advised to	fore fluid of
A-alteration in Confort DIAGNOSIS	Keep Cool	
INSTRUCTIONS TO PATIENT	1 1	
RTW to HW if medical XX is a DISCHARGE DATE TIME TRELEASE TRANSFERRE	DESCRETED TO SCHOOL CONTROL SANDUILENCE X SAN	DITION ON DISCHARGE
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	AMBULENCE SA	TISFACTORY ☐ POOR
(3) laker, if N 5/9/64 My 5/1	loy	
INMATE NAME (LAST, FIRST, MIDDLE)	(DOC#	DOB R/S FAC.
() (confict), parade		10170 1001100



ADMISSTION DATE TIME ORIGINATING FACILITY AM OSIR DPDL DESCA	
ALLERGIES NKA	CONDITION ON ADMISSION AGOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA
VITAL SIGNS: TEMP 980 ORAL RESP. /	PULSE 88 B/P/20, 90 RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS	XX SACTURE Z LACERATION /
S- assisted to Infirmary, ambilatory	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
= unsteady gait, States he	
was walking along of his Coleg Stopped working of he fell, hithing	()
the (2) side of his face on the	
Concrete.	Of Contusion of
0- (b) cleekbone slightly swollen.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Grand Mal. La pack placedon	
D clark bone. No tremos noted.	PROFILE RIGHT OR LEFT
P- Return to DOC. Return to see MD if pain work worsens.	I /A A/A TA GAAA PAMA
PHYSICAL EXAMINATION (29) NOTHER	
A - 1 - 2 - 2	
see abore	DIQUE ON LEGS
	RIGHT OR LEFT
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	advil 800mx Do 14115 as
	8 10 17:2
DIAGNOSIS	
INSTRUCTIONS TO PATIENT LEEP ice pach to face as much	as sossebli, Rolain to see MD if Loeling word
DISCHARGE DAVE TIME RELEASE TRANSPERRE	ED TO TO DOC CONDITION ON DISCHARGE AMBULENCE SATISFACTORY POOR
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	E DATE CONSULTATION CRITICAL
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Hampton, Randell	1 226420 10-15-83 B/m BCC



ADMISSTION DATE TIME ORIGINATING FACILITY SIR □ PDL □ ESC,	APEE []	☐ SICK CALL ☐ EMI	ERGENCY IT
ALLERGIES NKA	CONDITION ON ADMISSION	SHOCK HEMORRHAG	E □ COMA
VITAL SIGNS: TEMP ORAL RESP	PULSE A B/P	RECHEC SYSTOLI <100>50	K IF
NATURE OF INJURY OR ILLNESS () (COLLECTION OF ILLNESS)	ABRASION /// CONTUSION # BURN	VV 7 1AC	ERATION / SUTURES
P. Cugury Surgary			
		The second second	
	A STORY		/
		\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	\prec
	So	PROFILE RIGHT	ORLEFT
	The state of the s	χ ε _γ , ,	a A A
SUVGO SEVANIATION	1 / A XX		\\\\\\
PHYSICK GEXAMINATION O-Son amo fo Hall Allstot	(-;-) (Y)		$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Oriented x3. Down on, Even			
WALLESOLA. KITAL GENS	T 2116 111	RIGHT OR	LEFT
to touch multigle tato	25	4	
19960, to rush Description of	OBDERS / MEDICATIONS / IV FLUIDS	TII	ME BY
y extremition Drom no	ed		
Loal extremises & digg	outy.		
But refused Lody (part Has	iv		
Del 2 Url a Chatta/Mot.			
46. BODY Chart	0		
P. Reposed to WOC (CO)TC	famel CONDITION	TON ON DISCHARGE	
NORSET'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	AMBULENCE SATIS	SFACTORY ☐ POOR ☐ CRITIC	CAL
(JOMS) 4n 179104 JULY,	104		540
inmate name (Last, First, MIDDLE) Pandali	/	DOB R/S	FAC.
YWNDHII, YWNOULL	10/13 10/15	ils Pm	Millar 1

HEALTH CARE UNIT PATIENT INFORMATION SLIP

MSTITUTION

Hampton, Randall 226420 Bm NAME NUMBER RVS	
Lay-in for 3 days from 3-24-04 to	1. A. C. B. B. C. C. C.
$\frac{3^22^{7-0}}{\text{(date)}} \text{ due to } \frac{\text{(date)}}{\text{Cold}}.$	The same of the sa
Instructions: Lay in X B day due 40 COld. 3-24-04	**
due 40 cold. 3-24-04	· · · · · · · · · · · · · · · · · · ·
40 3-27-04.	
Fallure to follow the directions above may result in a disciplinary.	
3/24/04 Date Issued Signature Signature),4



ADMISSTION DATE ORIGINATING FACILITY OSIGNATING FACILITY OSIGNATIN	PEE SICK CALL EMERGENCY OUTPATIENT
ALLERGIES \	CONDITION ON ADMISSION SIGOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP ORAL RESP. 20	PULSE 28 B/P 118, 70 RECHECK IF SYSTOLIC / <100>50
S- I got but by Somothing L'dent know what it is	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
O-Blkmal, Ambulated to Hau, alert + Oriented X3 Resp regtenen Color adea Dain Warm + dry to too Pased Oreas no tod an Othica Othingsty Whest area, Orea	PROFILE RIGHT OR LEFT
PHYSICAL EXAMINATION	A SAMA
Phraclean & NS, followed Ly TAD+drug. DASEddig notified - Now Orders nock of A-Keylex 500 Mg PD Tid X Ddays.	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
Havie & Doing By 1. 9X log	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE O O O O O O O O O O O O O	□ AMBU'LENCE
NURSES AGNATURE DATE PHYSICIANS SIGNATURE 3/18/04	9/13 DATE CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.



ADMISSTION DATE TIME ORIGINATING FACILITY SIR □ PDL □ ESCA	
ALLERGIES NCA	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP 987 ORAL RESP. 14	PULSE 80 B/P 140 90 RECHECK IF SYSTOLIC /
NATURE OF INJURY OR ILLNESS	ARRASION // CONTUSION # RUDN XX ERACTURE Z LACERATION /
S- Mylegs gave out of I was Shahing all over	ABRASION/// CONTUSION // BOTTN XX THACTORE Z SUTURES
A - alteration in comfort.	
P-Réturn to DOC. a Greenle	
	PROFILE RIGHT OR LEFT
PHYSICAL EXAMINATION	RIGHT OR LEFT
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	Regular Medications 1345
	Siven by K. Taylor Pp
DIAGNOSIS	
INSTRUCTIONS TO PATIENT Take medications as olde	real
DISCHARGE DATE TIME RELEASE / TRAVISFERRE 3 / 2 3 / 0 4 / 5 45 AM NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	D TO DOC CONDITION ON DISCHARGE SATISFACTORY POOR FAIR CRITICAL DATE CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE) HAMPTON, Randell	DOC# DOB R/S FAC



ADMISSTION DATE TIME ORIGINATING FACILITY SIR DPDL DESCA	
3/24/04 1355 PM	CONDITION ON ADMISSION
ALLERGIES NEA	□ GOOD □ FAIR □ POOR □ SHOCK □ HEMORRHAGE □ COMA BECHECK IF
VITAL SIGNS: TEMP 972 ORAL RESP 18	PULSE 870 B/P / RECHECK IF SYSTOLIC / <100> 50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
I I woke up shoking my whole	
In I woke up shaking my intole body a my head. Couldn't feel	
my body.	
, 3	
	PROFILE RIGHT OR LEFT
	II () and AAA
	11 // 1/1/ 1/1/ 1/1/ 1/1/
PHYSICAL EXAMINATION	
a Brought to How as stretche Ato	
X3 Pesp. aren, skin instret, solkabre]
No Juste Reprily Noted.	
A STALLE	1 96 00
P Placed in How for observation	
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
0548 No Just ? severe shorty	
Anoker + Aublated book Swill Condon	
Sorbstocking is ele W	
/	
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE / TRANSFER	AMBULENCE ASATISFACTORY POOR
NURSE'S SIGNATURE PM PM PM PMYSICIAN'S SIGNATURE	
V. Slater un (3/24/14) 1 37 37 M	(04)
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
HAMDON KANDAI	1 226420 BM BCC
/ /// / / / / / / / / / / / / / / / /	allow – Pharmacy Copy)



ADMISSTION DATE TIME ORIGINATING FACILITY 3 28 / 04 0330 PM SIR PDL ESCA	PEE O OUTPATIENT		
ALLERGIES N KA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA	1	
VITAL SIGNS: TEMP 98.4 ORAL RESP. 18	PULSE 82 B/P/30 / 80 RECHECK IF SYSTOLIC / <100>50		
NATURE OF INJURY OR ILLNESS	ABBASION // CONTUSION # BURN XX FRACTURE Z LACERATION /	\dashv	
5 - I was thatking in my bed my	SUTURES		
legs got weak My head hurth,			
I feel funny like of am going			
to have a skingure, I ned to			
as the balknoom			
Shin W/2 to touch here regular			
a lane alest at Verbally read			
ambalatory bathroom & assistant	on the contract of the contrac		
	PROFILE RIGHT OR LEFT		
A - alteration in Comport	() () ODO BARA		
THE WOOD ALL EVALUATION	(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
PHYSICAL EXAMINATION	I I I I I I I I I I I I I I I I I I I		
P- Sighed up to see MD on mone			
	RIGHT OR LEFT		
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY		
	Routine Meds given 3:45 yr	2	
	Phenobar 60 mg po 4 Desgratal 400 mg po		
	Tergratal 400 mg po		
DIAGNOSIS			
INSTRUCTIONS TO PATIENT 0			
DISCHARGE DATE KETURN TO HOU ON TIME TRELEASE / TRANSFERRE	morday to see MD		
DISCHARGE DATE TIME RELEASE / TRANSFERREI	D TO DOC CONDITION ON DISCHARGE D'AMBU'LENCE SATISFACTORY POOR D FAIR CRITICAL		
NURSE'S SIGNATURE DATE, PHYSICIAN'S SIGNATURE			
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.		
Hampton, Randal	226420 10/15/83 BM Bacco	,	
Humpion, handal	1 / /05 BUCH	- 	



ADMISSTION DATE TIME ORIGINATING FACILITY AM PM ORIGINATING FACILITY ORIGINATING FACILITY ORIGINATING FACILITY ORIGINATING FACILITY	APEE O SICK CALL EMERGENCY
ALLERGIES NKA	CONDITION ON ADMISSION GOOD FAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 98° OBAL RESP. 20	PULSE 70 B/P //6 /80 RECHECK IF SYSTOLIC / <100>50
NATURE OF INJURY OR ILLNESS	ABRASION // CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
S-My less gone out" PHYSICAL EXAMINATION O- Blf Mule Ambulator to Acu Alext & Oriental +3 trens regular And even Skin a/s to touch after to Stond 5 problems Mo Weakness Mated to extremites At this time, In mate in No Acute distress	PROFILE RIGHT OR LEFT RIGHT OR LEFT ORDERS / MEDICATIONS / IV FLUIDS TIME BY Placed in Hou m
P- Meaknes to extremities	Deen by M.D.
DIAGNOSIS Weakness to extremities INSTRUCTIONS TO PATIENT	
DISCHARGE DATE 1 10/64 NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE Matha Jacken	□AMBU'LENCE SATISFACTORY □ POOR □ FAIR □ CRITICAL
Almoton Rondale	226426 10-15-83 MM Bullock
- VIU III AVI II IN II YN IA II II	10001 [0-10-10-87] /11/ 1/ JULLOUN



ADMISSTION DATE TIME ORIGINATING FACILITY 7 / 15 / 10 / 11 // AM SIR PDL SC/	SUI OU	☐ SICK CALL ☐ EMERGENCY
2/15/04 1645 @ SIN OFFIC DESCRIPTION	APEC U	□ OUTPATIENT
ALLERGIES VIA	CONDITION ON ADMISSION ☐GOOD ☐ FAIR ☐ POOR	SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 989 RECYAL RESP. 18	PULSE 72	B/P 120 72 RECHECK IF SYSTOLIC /
NATURE OF INJURY OR ILLNESS	ARRACION /// CONTUCION // PI	
5- "Me les nossing With	ABRASION /// CONTUSION # BU	JRN XX FRACTURE Z LACERATION / SUTURES
Ne. 110		
	(July	
		6 40
		£ 7 \
		PROFILE RIGHT OR LEFT
		1 0 0 0 0
	$1/\Lambda$ $\Lambda V \Lambda$ \uparrow	Nagga /
PHYSICAL EXAMINATION		
via Stretcher procedo	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lea
COL. S. Mile ADV. 3.		Weakers
Rego. ree Leven. Skin WD	19690	RIGHT OR LEFT
to touch. Go les weakness	}	
(b) leg able to more vil	ORDERS / MEDICATIONS / IV FLUID	DS TIME BY
	cation of 1	PAA PONO
hom Hew W/ro limitation.	(2)	Dom PO NON
Committee of the formation,	See MI G	AM on 2-16-04
A- alteration in confort	-	
U	·	
DIAGNOSIS		
INSTRUCTIONS TO PATIENT	1	
DISCHARGE DATE TIME THE AM TRANSFERRE AM		DITION ON DISCHARGE
Z / 13 / 04 / 1655 PM	□ □ □ FA	TISFACTORY ☐ POOR IR · ☐ CRITICAL SULTATION
2/15/04 /NY 2/15	7104	
HYMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB R/S FAC.
Hampton, Kandall	226420 11	0-15-83 BM B-1/02

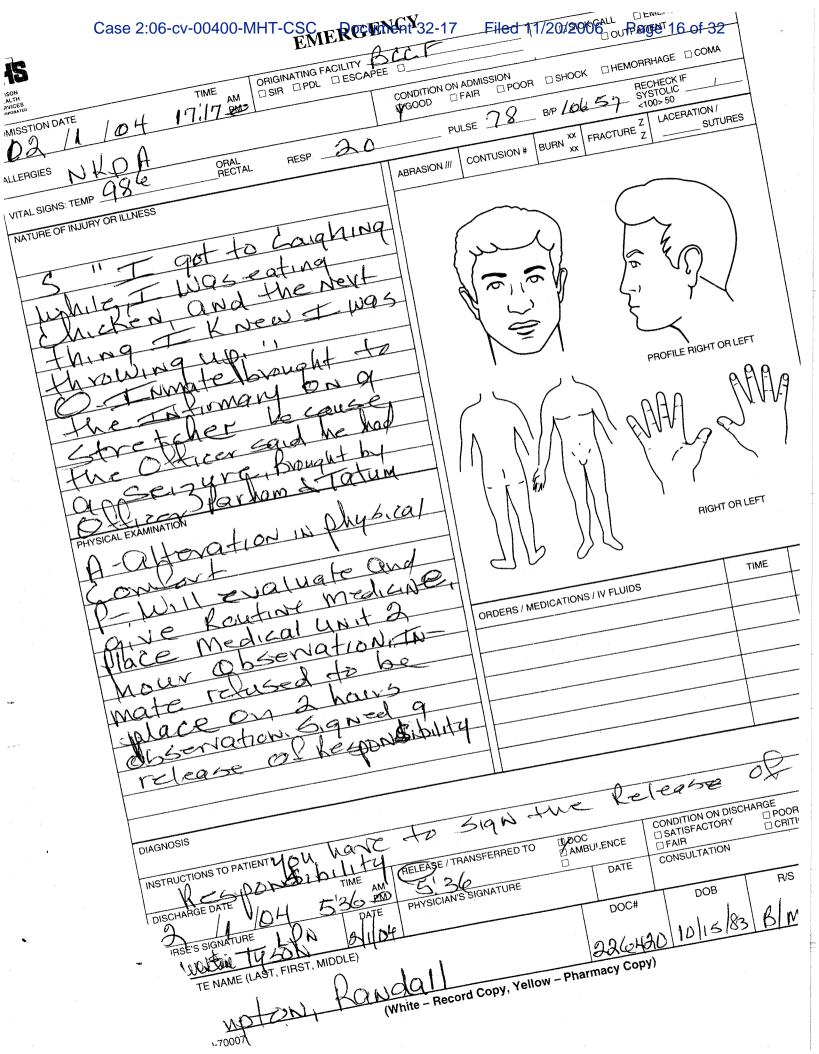


ADMISSTION DATE TIME ORIGINATING FACILITY		SICK	CALL DEMER	GENCY
2/6/04 0545 PM SIR OPDL OESCA	PEE LJ	other	OUTPATIENT	
ALLERGIES NKA	CONDITION ON ADMISSION ☐ GOOD FAIR ☐ POOR	SHOCK] HEMORRHAGE	□ COMA
VITAL SIGNS: TEMP 97, GRAL RESP. 18	PULSE 12	B/P/60,60	RECHECK SYSTOLIC <100> 50	IF /
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BI	URN XX FRACT	URE Z LACER	ATION /
S- I was in the Kitchen this morning		xx	Z	SUTURES
And when I went to get up my				
left leg got week and your away			_	
and I fell on my Rt side			7	
agrist resistance in both lege	1 010 N	70		
to Small abronsion when on left		٢,	Ÿ	\checkmark
Inner Aspect of elbow small		7	~	
amt of blooding noted	Small Abrais	יאסע PF	ROFILE RIGHT OF	LEFT
-		\	,	λ A Ω
	1/1 1/1/1	1100	lA N	N/129
PHYSICAL EXAMINATION		1, 1/1	V (20)) ~ ()
A - alteration in Comport RTT	1 - 1- FW (X)	()		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
pain in Brock and fall the am	\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ſ	•
f- Refer to MD gar gentler	1 11/6 101		RIGHT OR LE	FT
evaluation	00000	5		
1577 48 now	ORDERS / MEDICATIONS / IV FLU	IDC	TIME	BY
no wealess	ONDERS / MEDICATIONS / 17 FEO		- Invit	. 51
PODTR Jul				
artherti - to coo	<u>*************************************</u>			
wal in w May	A Badel	180	3	
' 3	(&	10		
DIAGNOSIS				
Nestructions to patient Resur to see Dr Siddig		***************************************		
DISCHARGE DATE TIME RELEASE / TRANSFERRE		NDITION ON DISC ATISFACTORY AIR	CHARGE POOR CRITICA	
NUBSE'S SIGNATURE DATE PRYSICIAN'S GIGNATURE	1 -	NSULTATION	Болпок	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Hompton, Rondall	वियम्भवत ।।	15/83	BM	BOOK

HEALTH CARE UNIT RATIENT INFORMATION SLIP

INSTITUTION

Hampton, Bandall 226420 BM
NAME NUMBER R/S Lay-in fordays from to
(date)
No prolonded standing
No prolonged standing 710 mins x le mordis.
02/06/04 -> 08/06/04
Instructions:
Failure to follow the directions above may result in a disciplinary.
Date Issued Date Issued Date Issued Signature





RELEASE OF RESPONSIBILITY

Inmate's Name:	lampton,	Kandall	<u> </u>		N. I. W. C.
Date of Birth:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Social S	ecurity No:		
Date: 2-1-	04	Time:	1730		AM.
This is to certify that	ı, Ra	ndall Ha	mpton s Name)		, currently in
custody at the	Bulley	(Print Facility's Name)	Corr. Fac.	ilit	, am refusing to
accept the following trea	atment/recommendations	: Placeme	+ in n (Specify in Det	edeal	unit
to m	edical Obs	ewation.			· .
involved in refusing then personnel, Prison Health	I have been fully informe I hereby release and ag Services, Inc. and all med conally assume all respon	ree to hold harmless the ical personnel from all re	e City/County/State,	statutory autho	rity, all correctional
Rondull Har	100n (Tokens	John Son	, &
Litt U	(Witness)		nostine	of Médical Berson) Witness)	LPN
				T	

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Randall VIOLATION OR REASON: Medica () DATE & TIME RECEIVED: 12/20/03 PERTINENT INFORMATION:	bservation	AIS NO: D/226420 CELL: #5 ADMITTANCE AUTHORIZED BY: Dr. Si deg DATE & TIME RELEASED:
MEALS	MEDICAL	DOVOU.

		·								
DATE		В	D	S	SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
11 210	MORN	n			_N	\sim	Richardson	2/	f None	To Hurt ad
12-21-03		1	ļ		N	1,	A	1	20ma	
	EVE	X	ļ		N	N	Smyh	N		131 Sellow
	_									
	MORN	<u> </u>	<u> </u>				\$			
	DAY	١.,								
	EVE									
	MORN						·			
	DAY									
	EVE									
					1,					
	MORN					······				
	DAY									
	EVE									
	MORN									
	DAY									
	EVE									
***************************************				$\neg \uparrow$						
12/20	MORN			$\neg \dagger$						
120	DAY	7 1								
	EVE		=				Gind			d m
							VIII			R. Musen
	MORN		-+	\dashv						
12/01/	DAY	-+								
12%	3 EVE		+	1	-+	N	Dichardson	$ \lambda$ /	Dand Mallmal	RISH
	1		\dashv	-4-			an mosen	_/\/	read Meal/Meds	Mayer
						<u>l</u>				

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower-Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,

9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments

and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.



ADMISSTION DATE TIME ORIGINATING FACILITY 12 /20/03 10 0 0 PM SIR PDL ESCA	DIA TO CK SICKCALL DEMERGENCY
ALLERGIES \mathcal{O} \mathcal{V} \mathcal{O}	CONDITION ON ADMISSION
	GOOD GFAIR POOR SHOCK HEMORRHAGE COMA
VITAL SIGNS: TEMP 707 RECTAL RESP. 70	POLSE 77 B/P 7 7 SYSTOLIC 7 (100>50
NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN XX FRACTURE Z LACERATION / SUTURES
S' feel ra rick	00 112 61
Please sive me one	Multipal
by lo me refused please	()
	Tato PROFILE RIGHT OR LEFT
	January AAA
	1 / A N/M - AK a ALLA NVIVA I
PHYSICAL EXAMINATION	
O-Blackmale branght to	
the indicate per which	
10H 18, 116, MINO skin warm	RIGHT OR LEFT
and moist to lanch Breathing	
with ease Og sat 99 hung 5	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
clear, prasal discharge, worter.	ODS/2ns TV@ Isoc/hr
eyes o sough noted.	@ Anced Igm IV 8° hors xtdays
A-URIVIAMO	AANI 800mg POTED 10days
a) The day a not died	PAdv: 1800mg POTIDY 7day
orders condition, with	· · · · · · · · · · · · · · · · · · ·
DIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE / TRANSFERRI	
NURSE'S SIGNATURE DATE PHYSICIAN'S SIGNATUR	□ CRITICAL □ CRITICAL
	29/B DATE CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Hampton Randall	226420 101583 B/M BCCF
PHS-MD-70007 (White - Record Copy. Yell	



PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Last Date / /	☐ GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Fourth Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Third Date / /	☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / / ALLERGIES:	
Use Second Date / /	GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Hampton, Randall	DIAGNOSIS OIV Bag D5 2 NS@ 150cc/h
D.O.B. 10/15/83 ALLERGIES: N.LA	3 Annel 1 GMING 8° hrs x 5days 3 Amoxil 500 y 70 TID x 70 days Advil 800 n PO TID x 7das
Use First Date /2 / 20 / 03	GENERIC SUBSTITUTION IS NOT PERMITTED YOU DE Siddig / ICT
MEDIC	AL RECORDS CORV

CAL RECORDS CONTOUR. 1791/5



PROGRESS NOTES

Date/Time Inmate's Name: D.O.B.: / 185 183 1222_03 8Am Dr Sidlig in to see dromate, Orders given to Release from the Level to population myreken.	Date/Time	Inmate's Name:	D.O.B.: /	115 183
Inmit but to population myreken	1222_63	8Am De Siddig in to see Symate Orders	arum +	La Release
		Inmute back to population -	mg	ckon
		U V		
	·			
			·································	
	-			
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
			·	
			····	
			<u> </u>	



INFIRMARY NURSING PROGRESS NOTES

Date/Time	
128003	S. T. P. I as k al as
1000	S- I feel real sick, please sive me the shot I reduced Please helpme
7000	O- Blackmale brought to the indirmary per
	wheel chair plant and workal temp
	104°, 18, 116, 71/10 skin warm and moist
MARK .	to Louch Breadhing with ease Og sat
-	99 jours clear, prosal discharge
	noted at this time, watering eyes
	o cough noded
	A-URI
	P- De Siddig notified of Inmates
· · · · · · · · · · · · · · · · · · ·	condition with orders @ DS/ans TVO
	150cc/hr @ Anced Igm TV8°hry Sdays
-	Amaxil 500mg POTIO , 10 day (4)
	Advil 800mg POTIO , 10 dey (A)
	started in Oh) arm with a 20chlin
	Insyte Antogord D5/2 DS in Draing at
	150cc/hr & signs od inditation, Amor.
101-1	500mg siven and Aduit FOOmp sives
14/21/83	S-None
<u> </u>	Q- Kesting quety, Olyes lespe lase) Flylushyling 5 diffe
	Political de la de la companya del companya de la companya del companya de la com
	- Continue to Observe Jan Respiratory Cofficiella
INMATE NAME (I	AST FIRST MIDDLE)
I INVIATE NAME (L	AST, FIRST, MIDDLE) DOC# DOB R/S FAC.
ldamp	206428 10153 B/m BCCF
PHS-MD-70049 '	Complete Both Sides Refore Using Another Sheet



INFIRMARY NURSING PROGRESS NOTES

Date/Time	103 S-None D-Innato roting in fed t web Closed Prope Davi Strin main et dry to tour out intrato No district note Branchard as onoting. D-Stable D-unic continue to monitor in cell. Prope No c lose Strin Houmstory. & willier normal Notre BP 18/19 17 984, R 18, P 16. Inniti nowal No dimpiainto @ I histime. D-Stable P-will continue to monitor of record fundings Do S-None D-Innate in bid c 145 open. Presp reg c 1001. Ho distribut notes & this time. D-Stable P will continue to monitor. P Stable P will continue to monitor. Doct Sono. A-Stable P Cent. to monitor. Doct Dob Ris FAC RAME (LAST, FIRST, MIDDLE) MAMERIAST, FIRST, MIDDLE) MAMERIAST, FIRST, MIDDLE MARING MARING MARING MARING MARING MARING MARING MARING MARING MARING MARING MARING MARING MARING MAR
Days/Time	
12/21/03	S-More
1000	O-Innate resting in bed t upo Closed Rospic
	Once Shin moum of dry to touch of intaction
	No dutreis notes. Pratimediquen as oroland.
	A-Stable
1200 8	
	D-ulmote Pemberlating around in Cell. Room
	UCT Cook Shin May Holm, D williag normal
(when BP 136/12 1 984 R 18, 7 76, Innate yound
	m Compounts @ Austino.
	4-Stable
	P- Will continue to monitor of nocord hinding
1400	S-NON
	D-Innate in bed to use open. Boxo use to any Modernion
	notes & this lime.
	7-Stable
	2 riell continue to maritar - Anothe
1600	
	O - Somate quet Rep. resteres. Skin W+D to
·	
	A-Stable
	P. Centito monitor Talor. Go
INMATE NAME (LA	AST, FIRST, MIQDLE) DOC# DOB R/S FAC
Hamo	for Mandall Jacobal an Beck
PHS-MD-70049	Complete Both Sides Refers Heine Another Sheet



DAILY PATIENT ASSESSMENT SHEET

HEALTH SERVICES INCORPORATED	HEALTH SERVICES INCORPORATED						Date 12-21-03								
		11	-7	7	-3	3	3-11			11	-7	7	-3	3	-11
	Time	1030	0400						Time	orso	0400				
Assessed by (initials):		8	8						Assessed by (initials):	4	w				
	Quality														
	Normal	V	1					ш							
-	Shallow							NAG							
	Deep							DRA							
	Labored							AND							
i	Rate - WNL		/	-				TUBES AND DRAINAGE							
DRY.	Slow							-							
RESPIRATORY	Rapid								Wound healing S inflammation						
RES	Sounds - Clear	1	/						Dressing Dry & Intact						
. —	Abnormal							NGS	Dressing Changed						
	Cough - Productive							ESSI	Size						
	Non-Productive							HS/DF	Туре						
	Humidified O2 Therapy							JLCEF	Location				<u> </u>		
	L/Minute							WOUNDS/ULCERS/DRESSINGS							
	Incentive Spirometer														
	Suctioning-Oral/NI/Trach														
	Abdomen soft & nondistended														
z	Abnormal														
ABDOMEN	Bowel sounds - Active							TREATMENTS							
AB	Abnormal							EATN							
	Pain-Tenderness							ᄩ						\parallel	1
	Regular		2												
ш	Irregular								Bottle #/Rate				Ī		T
PULSE/RATE	Strong	V	1						, , , , , , , , , , , , , , , , , , ,						
ULSE	Weak														
<u> </u>	Apical							AAPY							
	Radial	i						І.V. ТНЕВАРУ						1	
	Patient Teaching							<u>.</u>							
RALS														 -	
REFERRALS									Site and Rate checked						
<u> </u>									every two hours						
NI IC	RSE'S	11-7					LPN 11-	7 V.SI	Afeir	11-7					
SIGI	NATURE:	7-3					7-3	3	.,	7-3				•	
1	3-11					11	3-1	11		3-11					



PRISON HEALTH SERVICES, INC.

24-HOUR INTAKE AND OUTPUT RECORD

Styrofoam cup200cc	Soup - Vegetable/Noodle120cc	Jello 1/2 cup
Coffee cup200cc		Juice in Glass 120cc
ced Tea Glasses240cc	Small Plastic Milk Cup 100cc	Popsicle 60cc
Cup of Crushed Ice 120cc	ice Cream/Sherbet 1/2 cup 40cc	,

Check prepackaged containers of milk, juice and pop for amount. Pudding, custards and hot cereals are not counted as liquids

		LUID INTAK	Œ								OUTPUT		
***	ORAL	TUBE FEEDING		IV'S		TRANS- FUSION	IRRI- GATION	URINE	LIQUID BM	EMESIS	GASTRIC	DRAINAGE	BLOOD LOSS
2200-2300													
2300-2400													
2400-0100								***************************************					
0100-0200													
0200-0300													
0300-0400													
0400-0500								-					
0500-0600													
Total			PR IVPB	PROG INTR	HEP								
0600-0700													
0700-0800											· · · · · · · · · · · · · · · · · · ·		
0800-0900													
0900-1000													
1000-1100													
1100-1200													
1200-1300								·					
1300-1400													
Total			PR IVPB	PROG INTR	HEP								
1400-1500										 		<u> </u>	
1500-1600													
1600-1700													
1700-1800												1	
1800-1900										1			<u> </u>
1900-2000													_
2000-2100										1			
2100-2200													
Total			PR IVPB	PROG INTR	HEP								
24 Hour Total			PR IVPB	PROG INTR	HEP								

INMA	ATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC
ļ	Hongton Landoll	226920	10/1/83	Bn	BUR

DAILY PATIENT ASSESSMENT SHEET

PRISON HEALTH SERVICES INCORPORATE	S							Date	1220-03 Sterted	10:	, 0	D		
		11	1-7	7-	3	3	-11			11-7	,	7-3	3-11	
	Time	 					1000		Time	A		<i> </i>	1000	
	Assessed by (initials):		<u> </u>				'es		Assessed by (initials):				02	
	Quality	├			-4					+		/		
	Normal	-	\		$-\bot$		V	呉						
	Shallow	-	1					TUBES AND DRAINAGE						
	Deep	 	1					DB/						
	Labored	 	$\bot \bot$		\perp			S ANE						
	Rate - WNL							'UBE						
ORY	Slow							_						
IRAT	Rapid			N /					Wound healing S inflammation					
RESPIRATORY	Sounds - Clear								Dressing Dry & Intact					
-	Abnormal							NGS	Dressing Changed		1	/		
	Cough - Productive							ESSII	Size		$ \wedge$			
	Non-Productive							S/DR	Type		$ \wedge$			
	Humidified O2 Therapy							CER	Location		-/1			
	L/Minute							n/sa						
	Incentive Spirometer	1	 	//				WOUNDS/ULCERS/DRESSINGS			1			
	Suctioning-Oral/NI/Trach		 					\$						
	Abdomen soft & nondistended	J L] [1			<u> </u>		[+			
	Abnormal	1	+ /		$\left \cdot \right $						EL CALLES			
OMEN	Bowel sounds - Active	 			$\left \cdot \right $			NTS						
ABDC	Abnormal	1	+/-		-			TREATMENTS						
			+/-	 				TREA						
	Pain-Tenderness]]	#] <u> </u>										
	Regular		 											
핃	Irregular	 	 	<u> </u>			116		Bottle #/Rate					
PULSE/RATE	Strong								D5/ans					
PULS	Weak	11 1						 >-						
	Apical							I.V. THERAPY						
	Radial							H H						
	Patient Teaching							<u> </u>				-		
RALS		\prod												
REFERRALS		117							Site and Rate checked					
~		1							every two hours					
*11.	RN RN	11-7					LPN 11-	7		11-7				
SIG	RSE'S GNATURE:	7-3					7-3	7-3			7-3			
		3-11				7	3-1	1/	V 3	3-11				



PRISON HEALTH SERVICES, INC.

24-HOUR INTAKE AND OUTPUT RECORD

Shephino opm

		10000
Styrofoam cup200cc	Soup - Vegetable/Noodle 120cc	Jello 1/2 cup 120cc
Coffee cup200cc		Juice in Glass 120cc
iced Tea Glasses240cc	Small Plastic Milk Cup 100cc	Popsicle 60cc
Cup of Crushed Ice120cc	Ice Cream/Sherbet 1/2 cup40cc	,

Check prepackaged containers of milk, juice and pop for amount. Pudding, custards and hot cereals are not counted as liquids.

		LUID INTAK	Ε					FLUID OUTPUT						
	ORAL.	TUBE FEEDING	DS	ans		TRANS- FUSION	IRRI- GATION	URINE	LIQUID BM	EMESIS	GASTRIC	DRAINAGE	BLOOD LOSS	
2200-2300														
2300-2400														
2400-0100														
0100-0200										_				
0200-0300														
0300-0400						_								
0400-0500						-								
0500-0600														
Total			PR IVPB	PROG INTR	HEP									
0600-0700														
0700-0800														
0800-0900														
0900-1000														
1000-1100														
1100-1200														
1200-1300														
1300-1400														
Total			PR	PROG INTR	HEP									
1400-1500														
1500-1600														
1600-1700									-					
1700-1800														
1800-1900														
1900-2000	400		150					0						
2000-2100			150			-		0						
2100-2200			15-0					0						
Total	400		PR_IVPS_O	PROG INTR	HEP			0						
24 Hour Total	400		PR IVP8	PROG INTR	HEP			0						

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/Ş	FAC.
Hamplon Randall	226420	10-15-83	3/m	BUCF



									SERV	ICES ORATED										
			Ham 10-1				Vit	al S	igns	FIG	ow S	hee	t							
			//		/		0													
	Patient	Name: _	Har	7/0	to 1)	_	19	on c	1 ~											
	Date of	Birth:	10-1	<u> </u>	0															
	D-10	112 201	L&	Т		Γ	<u> </u>	т	T		Γ			·	1				1	
	Date	1220	\$2-22 500	 	-			 	 				 							<u> </u>
	Time	100 Op	8 Am	 			 	 	 				<u> </u>							
	104	1048	98"		 		 	╁──-	 											
=	104	101	190	 			 	┼──	 		<u> </u>									<u> </u>
¥	102	1 1		 	-	 	 	 	 		 	 -	 	<u> </u>						l
Œ	102	1		+			l	 	 			<u> </u>								
三	100 .	1 1		†	1	 	 	 	 	 -	 -	<u> </u>								
TEMPERATURE				†			 	1	†	 			<u> </u>	l		 		-		<u> </u>
	98	1 1		 			1	 	†	t			 						[l
																				
	96					<u> </u>		1												
					1	4			4	·····		4			•					
	260			T																
	240			1			T				<u> </u>									
w	220								1											
E	200																			
SS	180																			
PRESSURE	160																			
Œ	140				<u> </u>															
_	120													L						<u> </u>
81000	100		11/80	<u> </u>	<u> </u>		<u> </u>									ļ	ļ			<u></u>
\equiv	80	71/											<u> </u>		<u> </u>	<u> </u>	 	ļ		<u> </u>
	60	\perp / \perp		<u> </u>	1		<u> </u>		<u> </u>	ļ			<u> </u>	<u> </u>		<u> </u>			<u> </u>	ļ
	40	141		1	ļ	<u> </u>	ļ	<u> </u>	ļ	<u> </u>			<u> </u>	ļ	<u> </u>	<u> </u>			ļ	ļ
	20	11			1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L		<u> </u>	<u>L</u>	<u> </u>	<u></u>		<u> </u>	<u> </u>
	465	1 .1		<u> </u>	т	г—	Γ	τ	1	1	Τ	τ	1	T	ı—	T		1	1	т
	160	++		+	 	 	 		 	 	 	 	 	 		 	 		 	
ш	140	+-+		-	 	ļ		 	 		 	 	 	 	 	 	 	 	 	
PULSE	120	1,,,-1	10	 	 	 	 	 	-	 		 	 	 	 	 	 		-	+
3	100	116	84	+	+	 	 -	 	+	1	 	 	-	 	 	+	 	-	 	+
هـ	80	++		 	 	 	 	+	 	 		 	 		 					
	60 40			1	 	<u> </u>	 	 	 	 		├	 	1	1	1-				
	40	_1			<u> </u>	<u> </u>	L	J	<u> </u>	<u> </u>	1	L	L	L	1	L	L	l		
S	40	1 1		T	T	T	1	T	T	T		1	Τ	Т	Τ		T	T	T	T
TIONS		10	20	 	1	1			1		 	†	1	1					T	T
=	10	118	-1-	1		t	†	T	1	1	T	1	1	1	1	T		T	T	T



RELEASE OF RESPONSIBILITY

Inmate's Name: Randell Hampton	
Date of Birth: 10-15-8 5 Social Security No.: 100 # 22 64	20
Date: 12-15-03 Time: 4'06	A.M. (P.M.)
This is to certify that I, Rande / /amp to 1 (Print Inmate's Name)	, currently in
custody at the Sallock County Correct CAS (Print Facility's Name)	_,am refusing to
accept the following treatment/recommendations: Macef Ism Ish Labore (Specify in Detail)	@Amoxil
500mg po did x 10 dors hadril 800mg Tid	v 10 day 5
Po. Os 15 ns ad 150 cc/hor IV, O Place in	indirmor /
I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, maction/refusal and I personally assume all responsibility for my welfare.	ity, all correctional
Signature of Inmate)** (Signature of Medical Person)	h
(Witness) (Witness)	

^{**}A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
11/0/	03 S.	Seen in sofe coll.	
1145		No particular C10. He agrees to try	
		gorly to seg, though he's smewhat worried	
		that ofices there might have him.	
		He conteacts for safety. No specific threats	
	-	or plans to have self.	
	0.	Colm. Converses readity, No problem	
		behavins reported over weekend	
	A.	crisis resolving.	
	ρ.	Try -> seg where we'll monitor him	
		Meds prn	<u> </u>
19/12/	2 Ц'120	m The Thinate came to the Thitimany	
10/11/20	0.117	Old feeling very Sick Stated	
		that his head felt like it was	
		going to burst and that he was	
		hot. Stated I been feeling sick	
		for about three days NOW. "I felt	
		dizzy and mouth dry upon tak-	
		ing Timbonaters temp It 1033	
		INfam MS Sima hold OFTA-	
		mate tenp and she been the	
		Medical Nurse Couled DR Siding	20 M (A)
		for Curtor TX - concertive of	450NAN

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Hampton, R	226410			BCCF



ADMISSTION DATE TIME ORIGINATING FACILITY AM PM SIR □ PDL □ ESCAI	PEE OOUTPATIENT
ALLERGIES OK A	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
	PULSE FC/ B/P / F 2 RECHECK IF SYSTOLIC / 100> 50
NATURE OF INJURY OR ILLNESS	ARRASION // CONTUSION # BURN XX FRACTURE Z LACERATION /
S- I shot al la shale	ABNASION W CONTOGON XX TRACTORE ZSUTURES
real hack tould now	
condo my body.	
Througho boring	
a Siczare bad id asaf	1 2 2 2 B
nod Jaso Sonoe	
cod a help me and	
star and t step.	
6- Slack make corried Co	PROFILE RIGHT OR LEFT
the informary non alerd and	1 (AAA OO BAAA
verbal. Dother Live minudees	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
PHYSICAL EXAMINATION	
tomade became alerd and	
verbal abde to make mot need	1
knowns Voice of complants	RIGHT OR LEFT
this time V/S all withing	
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
to long to disder set	
A- Stable, Al-Je AMerdal Sda	h
P- Release to POC	
advised to return to	
id intimery go condition	
Ged GOOSS . He He to Mendal	Health
PUIAGNOSIS	
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE / TRANSFERRE	ED TO DO CONDITION ON DISCHARGE DAMBULENCE BATISFACTORY DOOR
DATE PHYSICIAN'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	☐ ☐ FAIR ☐ CRITICAL
MORSE SSIGNATURE //2303 //2303	134/1R
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Hamplon Randall	22642010-1523 /m BCCF